ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

Received 11/26/18 K via email

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Nov. 26, 2018 Case Number: 19-43

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. IRINA Vera
Premise Name: Crosswinds Animal Clinic
Premise Address: 67 S Higley Rd ste 108
City: Gilbert State: AZ Zip Code: 85296
Telephone: 480-497-6617

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Zachary S Bennett
Address: [redacted]
City [redacted] State: [redacted] Zip Code [redacted]
Home Telephone: _____ Cell Telephone: [redacted]

**STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.*

C. **PATIENT INFORMATION (1):**

Name: Zoe

Breed/Species: Jack Russell

Age: 9 Sex: F Color: white

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. **VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

Please provide the name, address and phone number for each veterinarian.

E. **WITNESS INFORMATION:**

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Nicole Weamore

[redacted]

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: [signature]

Date: 11-25-18

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

See Attached

On October 25 2018 I took my Jack Russell to Crosswinds Animal Clinic, I had explained to them that she hasn't been eating and had no energy. They examined her and said everything looked normal, but recommended we do some tests which I agreed to.

They told me she they would have the results back that day or early the next morning. After calling them many times the next day, they finally got back to me and said everything was fine and to put her on a chicken and rice diet.

On October 30 they called me and told me that her results came back and that she had Valley Fever.

On October 31, Zoe started her Fluconazole.

On November 2 Took Zoe back to the Vet, due to her not getting any better and still not eating. Vet did some more tests and said they feel she has an infection in her uterus from not going into heat due to the valley fever.

They operated on her around 1:30 - 200 that day. Got a call around 3 :00 to tell me that they removed her uterus and the infection. Surgeon also told me that they had to give her something to get her heart rate back to normal.

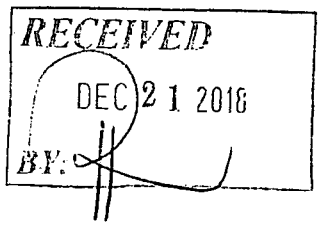
They told me I could pick her up at 5:30. I asked about her staying over night and they said yes that was an option but wanted me to know that No one would be there after hours to monitor her. They told me she had plenty of fluids in her and she would be fine and mostly sleep.

I picked her up at 5:30, they carried her and handed her to me. She could barley open her eyes. They informed me she was fine and to let her sleep.

I laid Zoe in her bed as instructed. And when I went back shortly to check on her, I called her name with no response and than noticed she was no longer breathing. This was at around 6:30 pm an Hour after picking up my dog.

Irina Vera, DVM
4483 S. Leisure Way
Gilbert AZ 85297
irina.vera@gmail.com

December 18, 2018



Arizona State Veterinary Medical Examining Board
1740 W. Adam St., Ste. 4600
Phoenix, Arizona 85007

Dear Members of the Arizona State Veterinary medical Examination Board:

I am writing in response to investigation 19-43 complaint filed by Mr. Zachary S. Bennett in regards to his pet Zoe. Enclosed, please find a copy of the entire medical record for this patient and statements written by Dr. John Martin, Erika Hoffman, Carey Muniz, and Jessica Denaro regarding their involvement in the case.

Zoe Bennett, a 9 year old female intact Jack Russell Terrier, was initially presented to me at Crosswinds Animal Clinic on October 25, 2018. Zoe presented for a history of lethargy and decreased appetite that had been occurring for a week. She had no reported episodes of vomiting, diarrhea, coughing or sneezing at that time. Prior medical records were not provided and no remarkable prior history was reported by Mr. Bennett since Zoe had not been a veterinarian for many years. This was the first time Zoe and Mr. Bennett were seen at my practice. A full examination was performed and no remarkable findings were noted to explain Zoe's symptoms. I discussed ruling out infectious disease, systemic illness, gastrointestinal disease as a starting point since Zoe's symptoms were not specific to a particular illness. I recommended starting with generalized blood work (CBC, Chem 11, 4Dx, Coccidioides titer and spec cPL). I recommended supportive care for Zoe while we waited for blood work results to return. I recommend a course of famotidine and Proviable to help with any gastrointestinal issue as well as doing a course of Entyce to help with appetite. Mr. Bennett declined any treatment at this time.

On October 26, 2018 at 8am, I received partial lab work results (CBC/Chem 11, 4Dx results, Coccidioides and Spec CPL still pending). Zoe had a mildly elevated BUN 55 (9-31mg/dL). My rule outs included early renal disease, high protein diet, dehydration, gastrointestinal bleed, other. The remainder of Zoe's current blood work results did not have any other findings. Mr. Bennett had called at 9am but I was currently seeing appointments and was not able to take his phone call. Mr. Bennett was attempted to be contacted but he was on a trip. I spoke with Nicole, Mr. Bennett's ex-wife and co-owner of Zoe, at 12pm and reported lab work findings. During the

previous day Mr. Bennett had stated that Nicole would be taking care of her over the weekend, and reported lab work findings. It was reported to me that Zoe had thrown up bile once that morning and was still not eating. Nicole reported that Zoe was on a high protein diet and could be a reason for her elevated BUN. At this time, gastroenteritis or pancreatitis was a possibility but I could not rule out other causes. Recommended feeding a bland chicken and rice diet and starting famotidine 0.5mg/kg (Famotidine 10mg SIG ½ tablet PO BID x 10 days) while we waited for specCPL as well as coccidioides titer. Recommended imaging (radiographs) if Zoe continues to have loss of appetite and if vomiting continues.

On October 27, 2018, Zoe's spec cPL was noted to be within normal limits so pancreatitis was considered less likely to be a cause of her symptoms. Coccidioides titer was still pending. Nicole was contacted to see how Zoe was doing and she reports that Zoe was eating chicken and rice and her energy appeared to be more normal. No further clinical symptoms or vomiting was reported to me at that time. No follow up date was set at this time due to Zoe's improvement, but we were still waiting on Coccidioides titer and would touch base at that time.

On the afternoon of October 29, 2018, final coccidioides test and titer values were received. Zoe was found to be Coccidioides IgG positive, IgM negative with a 1:16 titer. I recommended starting Zoe on a 10mg/kg dose of Fluconazole and recommended it be called out to a compounding pharmacy, since we do not carry Fluconazole in clinic (Fluconazole 80mg SIG 1 tablet PO BID x 3 months, recheck CBC, chem 11 and VF recommended in 3 months). The results were reported to the owner at 6pm. The pharmacy we recommend for fluconazole closes at 6pm and therefore a note was placed to call the pharmacy first this in the morning to authorize a new medication prescription. No information was received regarding Zoe's condition at this time.

On October 30, 2018, Zoe's fluconazole was called into the pharmacy by 10:07am (pharmacy opens at 10am). That same day I received a phone call from Dr. Todd Driggers on behalf of Mr. Bennett asking why we had not called Mr. Bennett and were not communicating with him and that he was worried for Zoe. I let him know that I did not feel this was the case and that it has not been communicated to me that Zoe is not improving and doing worse. Dr. Driggers thought it was just all a misunderstanding. No specifics on Zoe's case were discussed. I did offer to send over records to have him review but this was declined.

I then spoke with Mr. Bennett to try to clarify miscommunication. He felt that we have not been calling him and letting him know results in a timely matter. I let him know that we received lab work results the previous evening and had called him that same night. He wanted to know why he didn't have the medication yet and I let him know the medications were called into the pharmacy that morning as soon as they opened. He felt that this was not communicated to him. I apologized and let him know typically we call the fluconazole into a pharmacy and when the medication is ready they call him and let him know when it is ready. I apologized if this was not communicated the previous evening. We also discussed how Zoe was doing, since last I heard she was doing better eating and drinking and I have not heard otherwise from the other phone

call. Mr. Bennett reported that Zoe is not eating and lethargic now. Discussed that valley fever can cause some of these symptoms and we should see some improvement with the medication. I let Mr. Bennett know that we would be calling him tomorrow to make sure he received medications as well as to follow up on Zoe.

On October 31, 2018, I was not in the clinic. Mr. Bennett was called to follow up on Zoe. Mr. Bennett reported he got Zoe's medications the previous night but Zoe was still not eating. Mr. Bennett also reported patient was struggling to have a bowel movement but did have one (not noted if it was diarrhea, firm or regular stool). The doctor on duty recommended keeping her on Pepcid and consider starting Entyce to help with appetite per my prior recommendation. It was discussed that with Valley Fever can take some time to improve with fluconazole and our goal is to provide supportive care until we can get more fungal die off.

On the morning of November 1, 2018, Mr. Bennett called stating that he wanted to start the appetite stimulant. This was filled by 11am.

On the morning of November 2, 2018 Mr. Bennett called, stating that he feels that Zoe is getting worse and wanted to discuss quality of life or if humane euthanasia is the right direction. I called Mr. Bennett within 30 minutes of his phone call. Mr. Bennett reported that Zoe is not eating, not drinking, threw up, is not energetic and is starting to stumble/get wobbly while walking. Mr. Bennett had an appointment at 3pm, since Zoe has declined so much then I recommended bringing her in sooner and fit into a 10am appointment slot to re-evaluate and see what the next appropriate step should be for Zoe. Mr. Bennett agreed and came in for a 10am appointment.

When I examined Zoe she was very lethargic, dehydrated, and there was gas in her colon on rectal palpation. She was weak and ataxic on ambulation but neurologically she was normal. Her temperature was low normal at 98.8. I discussed differentials with Zach including progression or uncontrolled Valley Fever, foreign body, gastric ulcer (previous history of elevated BUN), pyometra, kidney disease, toxicity, or other. I recommended additional diagnostics to evaluate other causes of lethargy. Mr. Bennett had previously noted straining, so I recommended adding urinalysis to rule out urinary issues and imaging of abdomen to evaluate other causes of not eating, lethargy, straining and worsening clinical signs. Mr. Bennett declined urinalysis and abdominal radiographs at this time. I recommended at least doing an AFAST (no charge, images not saved for AFAST exams) to look for any free fluid in the abdomen since her abdomen felt doughy in nature and with low normal temperature was worried about perforation or septic abdomen. AFAST showed no free fluid in four quadrants but did show a large bladder, subjectively dilated fluid-filled loops lateral to the bladder suspicious of uterus.

I reviewed the AFAST in the room with the owner and expressed my concerns for possible closed pyometra due to suspicion of fluid filled uterus noted on AFAST. Pyometra could be the cause of lethargy, vomiting, decreased appetite and can explain many of Zoe's symptoms. I discussed my concern for her worsening, especially if it is a closed pyometra and given the findings would strongly recommend going forward with more detailed abdominal imaging. Mr.

Bennett agreed at that time to abdominal radiographs. Abdominal radiographs had normal musculoskeletal findings. Radiographs had a large bladder, on lateral views there was fluid opacity loop in the caudal ventral abdomen. The small intestines appeared to be cranially displaced. The liver also appeared to be smaller than normal and the kidney looked enlarged. Concern for early pyometra causing symptoms. Cannot rule out foreign body, gastroenteritis, other infection. I discussed these findings and went over radiographs in room with owner. I explained that the next steps in treatment would be to hospitalize Zoe since she is dehydrated and worsening. Mr. Bennett declined hospitalization. We also discussed an abdominal explore to further evaluate causes for her symptoms and to remove uterus. Mr. Bennett also declined surgery at this time. Mr. Bennett then elected to go forward with supportive care including giving Zoe subcutaneous fluids (150ml LRS SQ between shoulder blades), giving her a dose of maropitant 1mg/kg to control vomiting (Cerenia 8mg given SQ between shoulder blades) and consider meloxicam 0.1mg/kg to control any inflammation secondary to valley fever or inflammation in the abdomen that could be causing symptoms (administered 0.8mg Metacam 5mg/ml) and started her on oral antibiotic Augmentin 13.75mg/kg to cover for suspected pyometra and infection (Augmentin 500mg tablet SIG ¼ tablet PO BID x 14 days). I also recommended rechecking Zoe first thing in the morning to re-evaluate.

Shortly after leaving the office, Mr. Bennett returned with Zoe and wanted to further discuss abdominal explore and go forward with this procedure. At this time, we discussed that this could be pyometra, but with her recent coccidioides diagnosis we could be dealing several systemic illness issues and that although pyometras typically do well if treated with surgery, Zoe is sick enough that were prognosis may be worse. We discussed possibility of negative explore, and although frustrating, this can still be diagnostic. Also discussed that given how sick Zoe has been, I will recommend doing a full explore at the time of surgery to make sure we have no other findings. Prior to going forward with surgery I discussed potential complications from surgery and anesthesia. I also stated my concern for how sick Zoe is right now prior to surgery, but that if she continues to decline then it may be worse to wait. We discussed transfer to ER for surgery as we are not a 24-hour facility. Mr. Bennett agreed to go forward with pyometra surgery with us. I let Mr. Bennett know that the surgeon on staff that day was Dr. Martin and I that I would be transferring her case to him for Zoe's surgery and post-operative care.

Prior to surgery, Dr. Martin and I reviewed Zoe's case and we agreed that this was a reasonable direction to go in Zoe's care. Zoe was then transferred to Dr. Martin for surgery and post-operative care.

November 3, 2018 Dr. Martin called Mr. Bennett the following morning. Mr. Bennett let us know that Zoe had sadly passed away.

I am confident that all efforts were taken to keep open lines of communication with Mr. Bennett and that he was well informed of differentials, diagnosis, plan and prognosis for Zoe. Mr. Bennett also declined recommended treatment and diagnostics multiple times during the time period of October 25 to November 2nd. Diagnostic test results were called in a timely manner,

treatments started as quickly as possible and when accepted by Mr. Bennett. Mr. Bennett has also written multiple online reviews on Yelp, Facebook and Google reviews and his complaint is that "their lack of care and follow through led to my dogs death" as well as "I would not blame them for her untimely death if they had responded to calls and given me results in a timely manner. Her care was delayed by lack of follow through and concern". I understand Mr. Bennett is grieving for Zoe's passing but per our records, I am confident that standard of care and communication was met by myself and others involved in Zoe's care. I am truly sorry for Zoe's passing and I know she will be greatly missed by her family and those who knew her.

Dec. 20, 2018

Irina Vera, DVM

DOUGLAS A. DUCEY
- GOVERNOR -

VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039
VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Donald Noah, D.V.M. - Chair
Amrit Rai, D.V.M.
Adam Almaraz
Christine Butkiewicz, D.V.M.
William Hamilton

STAFF PRESENT: Tracy A. Riendeau, CVT - Investigations
Victoria Whitmore, Executive Director
Michael Raine, Assistant Attorney General

RE: Case: 19-43
Complainant(s): Zachary Bennett
Respondent(s): Irina Vera, DVM (License: 6816)

SUMMARY:
Complaint Received at Board Office: 11/26/18
Committee Discussion: 3/5/19
Board IIR: 4/17/19

APPLICABLE STATUTES AND RULES:
Laws as Amended August 2018 (Lime Green); Rules as Revised September 2013 (Yellow)

On October 25, 2018, "Zoe," a 9-year-old intact female Jack Russell Terrier was presented to Respondent for lethargy and decreased appetite. Blood work was performed and Complaint declined treatment at that time.

On October 29, 2018, Respondent relayed to Complainant that the Valley Fever test was positive and fluconazole was called in to a compounding pharmacy. The dog had not improved and was now not eating.

On November 2, 2018, the dog was presented to Respondent for a recheck. The dog was examined, diagnostics were performed and pyometra was suspected. Surgery was recommended; Complainant initially declined but eventually elected to have the procedure performed. The dog's care was transferred to Respondent's associate, Dr. Martin, and surgery was performed.

Later that day, the dog was discharged. Shortly after arriving home, Complainant found the dog deceased.

Complainant was noticed and appeared.
Respondent was noticed and appeared with counsel, David Stoll.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Zachary Bennett*
- Respondent(s) narrative/medical record: *Irina Vera, DVM*
- Consulting Veterinarian(s) narrative/medical record: *John Martin, DVM (Respondent's associate)*
- Witness(es) narrative: *Hospital Staff*

PROPOSED 'FINDINGS of FACT':

1. On October 25, 2018, the dog was presented to Respondent due to lethargy and decreased appetite for one week. Upon exam, the dog had a weight = 19.10 pounds, a temperature = 101 degrees, a pulse rate = 140bpm and a respiration rate = 60rpm; BAR. Respondent's assessment was gastroenteritis, pancreatitis, early heat, early pyometra, metabolic disease, systemic disease, infectious, neoplastic, and other.

2. Respondent discussed her findings with Complainant and recommended blood work, including Valley Fever titer and cPL; Complainant approved. She also recommended an antacid, probiotic and appetite stimulant which Complainant declined. Respondent discharged the dog and stated that additional diagnostics may be needed depending on the blood results.

3. The following day Complainant called Respondent to get blood results; Respondent was seeing clients and was not able to take Complainant's call. Later that day, Complainant's ex-wife, Nicole, called Respondent to obtain blood results since Complainant was going out of town and she would be caring for the dog. A short time later Respondent called Nicole to relay the blood results; elevated BUN (55; 9 – 31). Respondent explained that she was a little concerned of the cause of the elevated BUN, her rule outs were: early renal disease, high protein diet, dehydration, gastrointestinal bleed, other. She recommended a urinalysis and further diagnostics if there were abnormalities in the urine. Additionally, she recommended starting the dog on a medication to decrease the acidity in the dog's stomach in case of gastroenteritis – famotidine 10mg. The Valley Fever and pancreatitis test were pending.

4. Nicole reported that the dog had vomited bile that morning. Respondent recommended feeding chicken and rice along with the famotidine; avoid high protein foods. If the dog continued to vomit or not improve, Respondent recommended a recheck and radiographs.

5. On October 27, 2018, Respondent reported to Nicole that the cPL test was within normal limits however, pancreatitis could not be fully ruled out. Nicole relayed that the dog was eating well and was not vomiting.

6. On October 29, 2018, Respondent advised Complainant that the dog had Valley Fever; IgG positive with a titer of 1:16. She felt it was the most likely cause of the dog's symptoms of lethargy and decreased appetite and recommended starting the dog on fluconazole, which would need to be compounded. The dog would need to be treated for a long period of time and intermittent blood work should be performed to check to make sure the dog is handling the medications and that she is responding appropriately. Respondent explained that she would call the prescription in to the compounding pharmacy in the morning and recommended rechecking blood work in 3 months; Complainant understood.

7. The next day, Respondent spoke with Complainant, as he was complaining to a friend that was a veterinarian that Respondent was not communicating with him, and the dog was not improving. Respondent apologized for the miscommunication – she gave him the Valley Fever results after the compounding pharmacy had closed and the prescription had been called in that morning; the prescription should be ready for pick up. Also, the last she heard was that the dog was doing well. Complainant reported at that time the dog was not eating and lethargic. Respondent advised bringing the dog in for a recheck if no improvement.

8. On October 31, 2018, Complainant reported that the dog was still not eating and was having difficulty passing stool. Respondent's associate, Dr. Martin, recommended keeping the dog on Pepcid and consider adding the appetite stimulant Respondent offered previously. Dr. Martin also commented that it was important to make sure the dog was getting the fluconazole to try to control the underlying condition.

9. On November 1, 2018, Complainant called to request the appetite stimulant for the dog. Dr. Martin approved the request and Entyce was filled.

10. On November 2, 2018, Complainant reported that the dog was getting worse; not eating, lethargic, vomiting and wobbly. Complainant was questioning the dog's quality of life and possible euthanasia as an option. Respondent requested he bring the dog in right away.

11. Upon exam the dog had a weight = 17.30 pounds, a temperature = 98.8 degrees, a heart rate = 100bpm and a respiration rate = 20rpm; QAR. The dog's abdomen palpated doughy and non-painful. Respondent discussed her findings with Complainant and thought the dog's lethargy could be secondary to Valley Fever and time was needed to allow the medications to work however, she was concerned about another process occurring internally causing the dog to become worse. Her assessment was severe Valley Fever, infectious, pyometra, renal, toxin, metabolic, gastrointestinal, neoplasia, and other. Respondent recommended blood work, urinalysis, radiographs and possible ultrasound; Complainant declined. She then recommended AFAST ultrasound at no charge to makes sure there was no free fluid in the abdomen.

12. AFAST ultrasound was performed at no charge and identified possible dilated fluid filled loops lateral to the bladder; Respondent was suspicious of uterus and concerned for pyometra. Radiographs were approved which also revealed a concern for early pyometra causing symptoms. Respondent discussed the findings with Complainant and recommended hospitalization as well as abdominal explore which could be done there or on referral to a boarded surgeon. Complainant declined. The dog was treated and discharged with the following:

a. Lactated Ringer's Solution 150mL SQ;
b. Cerenia 8mg SQ;
c. Meloxicam 0.8mg SQ;
d. Augmentin 500mg, 7 tablets; give ¼ tablet orally twice a day for 14 days; and
e. Recheck in morning with Respondent.

13. Complainant returned to the premise and elected to proceed with the abdominal exploratory. Respondent explained that there was a chance a pyometra was causing the dog symptoms but the dog could still have complications from Valley Fever or something else going

on. If there was a negative explore, it could still be diagnostic. Respondent felt the dog had a good prognosis if this turned out to be an uncomplicated pyometra and uterus removal. Although if something else was going on, it could be more complicated for the dog with how sick she was, the prognosis could be lower. Complications from surgery were discussed with Complainant including infection, bleeding and dehiscence. Respondent was concerned with how sick the dog was but if the dog continued to decline it could be worse to wait. Complainant understood the risks and approved the surgery. The dog was transferred to Dr. Martin for surgery and post-op care.

14. Dr. Martin introduced himself to Complainant, discussed potential complications with pyometra and Complainant elected to continue with surgery. Upon exam, the dog had a weight = 17.30 pounds, a temperature = 98.8 degrees, a pulse rate = 100bpm and a respiration rate = 20rpm. The dog's abdomen palpated doughy, the dog was depressed and had a slow gait.

15. An IV catheter was placed and Normosol fluids were started; the dog was pre-medicated with torbutrol and atropine, induced with propofol and maintained on isoflurane. Dr. Martin entered the dog's abdomen; the left uterine horn had three cysts and was normal in size, the ovarian vessels were ligated with two strangle ligatures before transecting. At this time, the dog became hypotensive and bradycardic – the dog was administered epinephrine and atropine IV, IV fluids were bolused and the dog stabilized. The right uterine horn was moderately enlarged, fluid filled, with two cysts. The ovarian vessels were ligated with two strangle ligatures before transecting. Two strangle ligatures were placed on the uterine body just above the cervix to ligate uterine vessels before they were transected. There was no bleeding noted but there was whitish yellow discharge observed. After the abdomen was explored, Dr. Martin closed the abdomen. The dog remained on IV fluids, was administered unasyn IV slowly due to concern for sepsis.

16. Dr. Martin called Complainant after surgery with an update. He discussed the complication during surgery that warranted atropine and epinephrine to stabilize the dog. Dr. Martin explained that he did not expect the size of the uterine horns to have caused the dog to be as sick as she was. However, the combination of the pyometra and Valley Fever could have been have been the issue; additionally, sepsis could not be ruled-out therefore an IV antibiotic was started. Dr. Martin relayed that the dog was waking slowly and they would attempt to send her home at 5:30pm – if not, a 24 hour facility would be recommended as no one is at the premise overnight.

17. Later, technical staff called Complainant with an update. He was told that the dog was doing fine, was sleepy, which was expected after surgery and pain medication. Technical staff explained that the dog would be sleepy the rest of the evening if he elected to pick her up that night. The dog could be kept overnight where she would remain on IV fluids but they are not a 24 hour facility therefore the dog would be alone from 7pm – 7:30am. Complainant elected to pick up the dog.

18. At 5:00pm, Complainant arrived to pick up the dog. Dr. Martin stated in his narrative that he again went over the complications during surgery and potential complications post-surgery. He recommended a 24-hour facility due to the dog's complications and known sickness.

Complainant elected to take the dog home; the dog was discharge after being administered buprenorphine 0.075mg IV and Rimadyl was dispensed. Complainant was to continue the augmentin and fluconazole.

19. Once home, Complainant laid the dog in her bed and when he went to check in on her approximately an hour later, she had passed away.

COMMITTEE DISCUSSION:

The Committee discussed concerns with the dog's care post-surgery and questioned the condition of the dog at discharge. However, Respondent had transferred the dog's care to her associate, Dr. Martin, who was responsible for the dog's surgery and post-surgical care.

The Committee discussed that an intact female dog that is not feeling well is considered a pyometra until proven otherwise. However, the dog's physical exam and blood work did not support the diagnosis. Radiographs were offered and declined – the Committee felt it was reasonable for Respondent not to push radiographs on Complainant and to wait and see if the dog's condition improved. An additional complication with the dog's diagnosis was that she was also positive for Valley Fever. Furthermore, the surgery notes indicated the dog did not have a classic pyometra.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

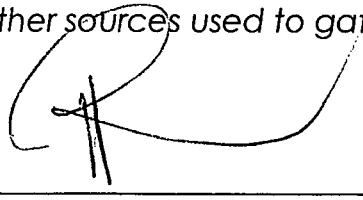
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.



Tracy A. Riendeau, CVT
Investigative Division